



REIMBURSEMENT RESEARCH REQUEST FORM

INSTRUCTIONS

When sending in reimbursement research request(s), please follow the guidelines listed below:

- All reimbursement research request(s) must be submitted by the EE's AUTHORIZED CONTACT person(s) only.
- Contact family to verify eligibility **before** sending in reimbursement research request(s).
- Do not send in reimbursement research request(s) for 'pending' cases. If there is a change in case status, the next month's report will reflect this change.
- Double check the Monthly Payment Report to verify that the case has not been paid already.
- Please wait for the Monthly Payment Report before sending in reimbursement research request(s) to verify that an application has been received. For example, an application signed and mailed in February may not be reflected in the February Monthly Payment Report if the application was received in March.
- FAX to (916) 673-4500, or mail to Healthy Families Program; 625 Coolidge Drive, Folsom, CA 95630, attention Mark Dandeneau.

ENROLLMENT ENTITY INFORMATION

EE NUMBER _____ EE NAME _____
CONTACT PERSON _____
FAX NUMBER _____ PHONE NUMBER _____
EE ADDRESS LINE 1 _____
EE ADDRESS LINE 2 _____
CITY _____ STATE _____ ZIP _____
CAA# _____ CAA NAME _____

APPLICATION INFORMATION

APP ID _____ FMN _____
APPLICANT FIRST NAME _____ APPLICATION TYPE:
APPLICANT LAST NAME _____ ☐ HEALTHY FAMILIES
APPLYING CHILD FIRST NAME _____ ☐ AER
APPLYING CHILD LAST NAME _____ ☐ MEDI-CAL
DOB _____
EE SIGNATURE _____ DATE _____

RESEARCH OUTCOME (For HFP Use Only)

DATE RECEIVED _____	DATE RECORDED _____
STATUS:	DATE DUE _____
<input type="checkbox"/> PAID	DATE PAID _____ CHECK NUMBER _____
<input type="checkbox"/> PENDING	PENDING REASON _____
<input type="checkbox"/> DENIED	DENIED DATE _____ DENIAL CODE _____
RESPONSE TYPE _____	RESPONSE DATE _____
RESEARCHED BY _____	COMPLETION DATE _____